

# Get ready to apply for or re-enroll in your Health Insurance Marketplace® coverage

To apply for or re-enroll in your Marketplace coverage, visit [HealthCare.gov](https://www.healthcare.gov) or call the Marketplace Call Center at 1-800-318-2596. TTY users can call 1-855-889-4325.

To help make the application process faster and easier, have this information ready before you start your application. You won't need all of this information if you're applying for coverage without savings.

What do I need?	Why do I need this?	Is it ready?
Your information	Your Marketplace application will ask you for some basic information, including your name and date of birth.	<input type="checkbox"/>
Information about your household	<p>Your Marketplace application will ask you about each person in your household, even those not applying for coverage.</p> <p>For the Marketplace, your household usually includes the tax filers and their tax dependents, but there are exceptions. Sometimes it includes people you live with who aren't in your tax household.</p> <p>Include yourself on your application. As you fill out your application, you may be asked questions about the following people:</p> <ul style="list-style-type: none"> <li>■ Your spouse</li> <li>■ Your children who live with you, even if they make enough money to file a tax return themselves</li> <li>■ Anyone you include on your tax return as a dependent, even if they don't live with you</li> <li>■ Anyone else under 21 who you take care of and who lives with you</li> <li>■ Your unmarried partner, only if one or both of these apply:               <ul style="list-style-type: none"> <li>• They're your dependent for tax purposes</li> <li>• They're the parent of your child</li> </ul> </li> </ul> <p>For more information, visit <a href="https://www.healthcare.gov/income-and-household-information/household-size">HealthCare.gov/income-and-household-information/household-size</a>, or call the Marketplace Call Center.</p>	<input type="checkbox"/>
Home and/or mailing addresses for everyone applying for coverage	<p>Where you live can affect what health coverage you're eligible for.</p> <p>You'll enter your home address to show if you're a resident of the state where you're looking for coverage. You'll select your state at the beginning of the application.</p> <p>You'll be asked for your mailing address. This is usually the same as your home address. If it's not, provide a mailing address in the state you live in.</p> <p>If anyone on your application has a different home or mailing address, you'll need to have it also.</p>	<input type="checkbox"/>
Information about everyone applying for coverage	Your Marketplace application will ask you for some basic information about everyone applying for coverage, including their relationship to you.	<input type="checkbox"/>

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<b>Social Security Numbers (SSNs)</b> for everyone on your application	Your Marketplace application will ask you for each person's 9-digit SSN, even those not applying for coverage. The Marketplace will confirm the SSNs with Social Security, after you give consent at the start of your application. If you don't enter an SSN, you may need to provide more information at a later time.	<input type="checkbox"/>
<b>Information about the professional helping you apply</b> , if any	If a professional is helping you complete your application, you'll enter their information. These professionals include: navigators, certified application counselors, in-person assistance personnel, agents, and brokers.	<input type="checkbox"/>
<b>Immigration document information</b> (this only applies to lawfully present immigrants)	If anyone on your application who needs coverage is a lawfully present immigrant, you'll be asked to provide information from their immigration documents.	<input type="checkbox"/>
<b>Information on how you'll file your taxes</b>	If you file federal income taxes and are married, the Marketplace needs to know if you file separately or jointly. You'll also be asked about who you claim as a tax dependent.	<input type="checkbox"/>
<b>Employer and income information</b> for everyone in your household	Your Marketplace application may ask you about the income and expenses of everyone in your household, even those not applying for coverage. The Marketplace counts these as income: <ul style="list-style-type: none"> <li>■ Wages and salaries, as reported on your W-2 form and pay stubs</li> <li>■ Tips</li> <li>■ Net income from any self-employment or business</li> <li>■ Unemployment compensation</li> <li>■ Social Security payments, including disability payments (but not Supplemental Security Income (SSI))</li> <li>■ Alimony for divorces and separations finalized before January 1, 2019</li> <li>■ Retirement or pension income, including most IRA or 401k withdrawals</li> <li>■ Investment income, like dividends or interest</li> <li>■ Rental income</li> <li>■ Other taxable income</li> </ul> For more information on income or what income sources to include, visit <a href="https://www.healthcare.gov/income-and-household-information/income">HealthCare.gov/income-and-household-information/income</a> .	<input type="checkbox"/>
<b>Your best estimate of your household income</b>	Your Marketplace application may ask you to estimate what your household's income will be in the year you're applying for coverage. If you're not sure, it's okay to make your best estimate. If your income changes, or is different than what you estimated, you'll need to update this information later. For more information, visit <a href="https://www.healthcare.gov/reporting-changes/why-report-changes">HealthCare.gov/reporting-changes/why-report-changes</a> . To help you calculate your household income, visit <a href="https://www.healthcare.gov/income-calculator">HealthCare.gov/income-calculator</a> .	<input type="checkbox"/>

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<b>Current health coverage information</b>	<p>Your Marketplace application will ask if anyone in your household is currently enrolled in health coverage, including Medicaid, the Children’s Health Insurance Program (CHIP), Medicare, TRICARE, VA health care program, Peace Corps, or coverage through individual insurance (including Marketplace coverage) or an employer.</p> <p>If anyone has coverage now, have their policy numbers. You can find this information on their insurance card or documents they get from their plan.</p>	<input type="checkbox"/>
<b>Employer information for each person in your household</b>	<p>Your Marketplace application will ask you for information about offers of health coverage you may have through your job or through a family member’s job. It will also ask you for employer contact information for each person in your household who has a job.</p>	<input type="checkbox"/>
<b>A completed “Employer Coverage Tool”</b> (this only applies if anyone in your household has or is eligible for coverage through their employer)	<p>You should fill out an “Employer Coverage Tool” for each member of your family who’s eligible for traditional health coverage through a job, even if that person isn’t enrolled in the job-based plan or isn’t applying for Marketplace coverage. You can get this information from your employer. This optional tool helps you gather information you may need for your application in one spot.</p> <p>To get a copy of this form, visit <a href="https://www.healthcare.gov/downloads/employer-coverage-tool.pdf">HealthCare.gov/downloads/employer-coverage-tool.pdf</a>. Your employer can help you fill this out.</p>	<input type="checkbox"/>
<b>Health Reimbursement Arrangement (HRA) notice</b> (this only applies if anyone in your household is offered an HRA through their employer)	<p>If someone works for a business that offers help paying for a health plan or health care expenses through an individual coverage HRA or qualified small employer HRA, use the notice from the employer to complete your Marketplace application. Visit <a href="https://www.healthcare.gov/job-based-help">HealthCare.gov/job-based-help</a> to learn more.</p>	<input type="checkbox"/>

## HOW CAN I LEARN MORE?

To learn more about coverage through the Marketplace or your benefits and protections under the health care law, visit **HealthCare.gov** or call the Marketplace Call Center at 1-800-318-2596. TTY users can call 1-855-889-4325.

You have the right to get Marketplace information in an accessible format, like large print, Braille, or audio.

You also have the right to file a complaint if you feel you’ve been discriminated against.

Visit [CMS.gov/about-cms/agency-information/aboutwebsite/cmsnondiscriminationnotice](https://www.cms.gov/about-cms/agency-information/aboutwebsite/cmsnondiscriminationnotice), or call the Marketplace Call Center at 1-800-318-2596 for more information. TTY users can call 1-855-889-4325.

### Health Insurance Marketplace

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